

HB 105 PROVIDE INSURANCE COMMISSIONER AUTHORITY TO REVIEW AND APPROVE

HEALTH INSURANCE PREMIUMS

SENATE 4
 DATE 1/18/2011
 HB 105

- House Bill 105 requires health insurance companies to file rates with the commissioner 60 days prior to use, at the same time rate increase notices are required to be mailed to consumers. Under current Montana law, rates cannot be implemented without a minimum of 45 – 60 day advance notice to policyholders.
- The commissioner has 60 days to review a rate filing and then must issue a notice of deficiencies or a notice that details her findings as to why a premium rate may be considered “excessive, inadequate, unjustified or unfairly discriminatory.” The insurance company has 30 days to respond.
- After receiving a final decision from the commissioner that finds a rate is not acceptable per her review, the insurer may still choose to use that rate. If the rate increase is above 10%, the finding will be reported to HHS and published on websites so that consumers are alerted to the finding.

Rate Review Authority in Other States				
Prior Approval “File and Wait”	Prior Approval with Deemer “File and Wait Certain Number of Days”	Able to Disapprove Subsequent to Filing “File and Use” (Proposed HB 105)	No Approval Required “File for Information Only” (HB 105 Amended)	No Filing
6	26	7	8	3
(Oregon, New Mexico)	(North Dakota, South Dakota, Colorado)	(Idaho, Wyoming)	(Utah, Texas)	(Montana, Georgia and Missouri)